

# I-235 Alternatives Study Household Survey

## Cover Sheet and Instructions

Date for which travel is recorded: \_\_\_\_\_, 1991  
(Please select a Tuesday, Wednesday, or Thursday)

Please provide the following information about all members of your household, beginning with the oldest person as Person 1.

Person	Age	Sex (M or F)	Employed (Y or N)	Licensed Driver (Y or N)
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____
6	_____	_____	_____	_____
7	_____	_____	_____	_____
8	_____	_____	_____	_____
9	_____	_____	_____	_____
10	_____	_____	_____	_____

Please identify the number and types of vehicles (see code) available to your household.

<u>Vehicle</u>	<u>Type</u>	<u>Vehicle type code:</u>
1	_____	1 = Auto
2	_____	2 = Pickup or van
3	_____	3 = Motorcycle
4	_____	4 = Other motorized vehicle
5	_____	

If you make any one-way trips by taxi or bus on the day for which you are recording automobile trips, please enter the total number of trips made in this way. \_\_\_\_\_

Please fill out a trip form for each person in your household who makes a trip on the day for which you are recording travel trips. Please provide as much detail as possible on the location at which each trip begins. Record each trip or segment of a long trip, in the order in which they occur, that you make. It would be easiest to carry the survey with you during the course of the day and do your recording as you begin or end each trip.

For purposes of this survey, please note that 'work related' is any trip you make by vehicle for your work, excluding your home-to-work and work-to-home commute. 'Personal business' should include trips to doctor's appointments, hair stylists, the post office, insurance agency, etc.

If you wish to be included in the \$100 prize drawing, please note a daytime phone number where you can be reached and your first name (or full name if there are several people at this number with the same name).

Daytime phone number: \_\_\_\_\_ Person to ask for: \_\_\_\_\_

**FOR PERSON NUMBER 1**

Please enter the weekday you filled this survey on \_\_\_\_\_/\_\_\_\_\_  
month day

☐ NO - Return questionnaire☐ YES - Continue below

NAME OF LOCATION

**ADDRESS**

IS THIS YOUR PLACE OF WORK? ☐ YES ☐ NO

CITY

CONTINUE TRIPS 5 THROUGH 10 ON REVERSE SIDE. THANK YOU.